FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization *An initial Statement of Organization must be filed within 10 days of the cormaking expenditures, or incurring indebtedness exceeding \$750. Amending a change. Penalties may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office so	tion. A candidate with an open	FORM DR-1 (Rev. 01/2006) For Office Use (Comm. # Indexed Audited Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	e candidate's last name in the name of	the committee.)	
IMPORTANT: Indicate type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (2 (5)County Candidate (6)City Candidate (7)School Board or Other (10)School Board or Other Political Subdivision PAC (11) Local Ba	Political Subdivision Candidate / 8	VCounty DAC / 9 V	Tity DAC
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a c	andidate's committee)
Name Para Hantso	Name ↓ ↓		
Mailing Address + LIS Coval Ridge Blud. City, State + Zip Code + Zip Code	Mailing Address ↓ ↓ City, State ↓ ↓ Zip Code ↓ ↓		
Pleasant Hull, IA 50327	City, State + + Zip Code + +		
Phone (5/5) 365-4869	Phone ()		
e-Mail Kyle Whanton & yahoo, Com	e-Mail		
Comment or description:	/ocate for/against candidate(s) A	ivocate for ballot iss ivocate against ball	ue(s)
All Candidates Enter:	County/Local Candidates a	nd Local Ballot Co	mmittees Enter:
Office Sought:	County:		
Political Party (if applicable)	(If active in multiple ballot issu	ue elections, attach l	ist of counties
District:	Date of Election:		
Year Standing for Election: Bank Account Name	Candidata nama 9 Address as B		7
Dank Account Hame	Candidate name & Address or P	ffiliate, or Sponsor	
Wells targo			
Name of Financial Institution/type of Account ↓↓	Mailing Address ↓ ↓		×
Mailing Address I Custom Management (Sm)	City ↓ ↓	State ↓ ↓	Zip ↓ ↓
1055 N.E. 56th St.			
Dealant Hill State + Zip + TA So32)	Phone ()		
710000	e-Mail		9
STATEMENT OF AFFIRMATION: By filing this document the committee affine. 1. The committee and all persons connected with the committee understand that		de chapters 68A and 6	MPA I A
rules in Chapter 351 of the Iowa Administrative Code.			
That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclo subjects the candidate or chairperson (in the case of committees other than a ca imposition of other criminal and civil sanctions.	sure reports and that the failure to file the ndidate's committee) to the automatic as	se reports on or before sessment of a civil pe	nalty and the possible
5. Hat rowa Gode Section book 405 and rules 551 —4.56 through 4.43 require th	e placement of the words "paid for by" ar	nd the name of the co	mmittee og ell political
does not intend to cross the \$750 filing threshold shall file the Form DR-SFA for	vishes to register a committee name for p n.	ourposes of using the	shorter "palit for by she"
Issue PACs			
5. A candidate and a candidate's committee may only expend campaign funds a	is permitted by lowa code sections 68A.3	01 through 68A 303 s	and rule 351—4 25
 That the committee will continue to file disclosure reports until all activity has one of the committee. 			
Lavier Henry		20	
	117-25	-0/	
Signature of Treasurer	10-23	Date Signed	
Signature of Treasurer Signature of Candidate, OR, for all other committees, Chairperson	10-23	Date Signed 3 - 3 7 Date Signed	